

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------------|----------------|
| FEE DETERMINATION | <i>AS</i> | <i>69801</i> | <i>8/1</i> |
| O.I.P.E. CLASSIFIER | | <i>49</i> | <i>8/14/00</i> |
| FORMALITY REVIEW | <i>CM</i> | <i>71632</i> | <i>9-18-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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